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Date of Deposit: October 19, 2000 Type/Printed Name of Person Mailing Paper or Fee: Wilfred E	/Saxo			10853 U 09/69 10/10/10/10				
UTILITY	Attorney Do	ocket No.	7500-0010	Total Pages				
PATENT APPLICATION		First Named Inventor or Application Identifier						
TRANSMITTAL		Louise Elizabeth Donnelly et al.						
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Ma	ess Mail Label No. EL567216427US						
APPLICATION ELEMENTS	Assistant Commissioner for Patents Address to: Box Patent Application							
See MPEP chapter 600 concerning utility patent application 1X Fee Transmittal Form	Washington, D.C. 20231 6 Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. 7 Microfiche Computer Program (Appendix)							
- Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a Computer Readable Copy b Paper Copy (identical to computer copy) c Statement verifying identity of above copies							
- Brief Description of the Drawings (if filed)		ACCOMPANYING APPLICATION PARTS						
- Detailed Description - Claim(s) - Abstract of the Disclosure 5. X Oath or Declaration - Copy from a prior application (37 CFR 1.6 (for continuation/divisional with Box 17 copy because of the body	9 Assignment Papers (cover sheet & document(s)) 10 37 CFR 3.73(b) Statement Power of							
17a. If a CONTINUING APPLICATION, check appropriate Continuation Divisional Continuation								
17b. If a CONVERSION from a PROVISIONAL APPLICA		ly the requis	ite information:	^				

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new non-provisional applications under 37 CFR 1.53(b))

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REED & ASSOCIATES										
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CITY	Portola Valley		STATE	CA	ZIP	CODE	94028			
COUNTRY	USA TELEPHONE		HONE	(650) 851-8501		FAX	(650) 851-8539			

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
NAME	Ofer I. Matalon, Registration No. 39,439							
SIGNATURE	Ofer Madalor							
DATE	October 19, 2000							

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